

**AMENDED "**  
**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

<b>1. File Number</b> U - <span style="border: 1px solid black; padding: 2px;">8805</span>	<b>2. Fiscal Year Covered From:</b> <div style="text-align: center;">1 / 1 / 2004 Through: 12 / 31 / 2004</div>
<b>3. Name and address of person filing.</b>  Name <span style="border: 1px solid black; padding: 2px;">ROBERT</span> <span style="border: 1px solid black; padding: 2px;">E</span> <span style="border: 1px solid black; padding: 2px;">BAYUSIK</span>  P.O. Box, Bldg., Room No., if any <span style="border: 1px solid black; padding: 2px;">P.O. BOX 1710</span>  Street <span style="border: 1px solid black; padding: 2px;">200 WALLACE STREET</span>  City <span style="border: 1px solid black; padding: 2px;">NEW HAVEN</span>  State <span style="border: 1px solid black; padding: 2px;">Connecticut</span> ZIP Code + 4 <span style="border: 1px solid black; padding: 2px;">06507</span>	<b>4. Name, file number, and address of labor organization.</b>  Name <span style="border: 1px solid black; padding: 2px;">CHAUFFEURS, TEAMSTERS, WAREHOUSEMEN &amp; HELPERS 443</span>  Labor Organization File Number <span style="border: 1px solid black; padding: 2px;">035-774</span>  P.O. Box, Building and Room Number, if any <span style="border: 1px solid black; padding: 2px;">P.O. BOX 1710</span>  Street <span style="border: 1px solid black; padding: 2px;">200 WALLACE STREET</span>  City <span style="border: 1px solid black; padding: 2px;">NEW HAVEN</span>  State <span style="border: 1px solid black; padding: 2px;">Connecticut</span> ZIP Code + 4 <span style="border: 1px solid black; padding: 2px;">06507</span>
<b>5. Position in labor organization.</b> <span style="border: 1px solid black; padding: 2px;">SECRETARY/TREASURER</span>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

<b>A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.</b>	
<b>6. Name and address of Employer (including trade name, if any).</b>  Name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span>  Trade Name, if any: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span>  P.O. Box, Bldg., Room No., if any <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span>  Street <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span>  City <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span>  State <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span> ZIP Code + 4 <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span>	<b>7.a. Nature of Interest, Transaction, or Income.</b> <div style="border: 1px solid black; height: 80px; margin: 5px 0;"></div> <b>7.b. Amount.</b> <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div>

**Signature**

<b>15. Signature and verification.</b> The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <span style="border-bottom: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>	On <span style="border: 1px solid black; padding: 2px;">10-5-05</span> Date	<span style="border: 1px solid black; padding: 2px;">203-929-0639</span> Telephone Number

Name of Person Filing <b>ROBERT BAYUSIK</b>	File Number <b>U-</b>
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>TRANSPORTATION LOCAL 443 HEALTH SEV &amp; INS PL</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>200 WALLACE STREET</u></p> <p>City <u>NEW HAVEN</u></p> <p>State <u>Connecticut</u> ZIP Code + 4 <u>06507</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>PROVIDE HEALTH &amp; WELFARE BENEFITS TO LOCAL'S MEMBERS.</u></p> <p>11.b. Approximate dollar value of such dealing. <u>                    </u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>REIMBURSEMENTS OF EXPENSES INCURRED IN CONNECTION WITH ATTENDING HEALTH SERVICES FUND CLERKS MEETING HELD BY TRI-STATE JOINT FUND 6/1/2004-6/04/2004. HOTEL ROOM AND TAX AND INCIDENTAL EXPENSES.</u></p> <p>12.b. Amount. <u>                    </u> <b>\$839</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u>                    </u></p>

Name of Person Filing ROBERT BAYUSIK

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name TRANSPORTATION LOCAL 443 HEALTH SEV &amp; INS PL.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 200 WALLACE STREET

City NEW HAVEN

State Connecticut ZIP Code + 4 06507

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

PROVIDE HEALTH &amp; WELFARE BENEFITS TO THE LOCAL'S MEMBERS.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION WITH ATTENDING BOARD OF TRUSTEES MEETING OF THE TRI-STATE JOINT FUND 04/17/2004-04/24/2004. HOTEL ROOM AND TAX, TRAVEL AND INCIDENTAL EXPENSES.

## 12.b. Amount.

\$4,113

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name TRANSPORTATION LOCAL 443 HEALTH SER &amp; INS PL

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 200 WALLACE STREET

City NEW HAVEN

State Connecticut ZIP Code + 4 06507

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

PROVIDE HEALTH &amp; WELFARE BENEFITS TO LOCAL'S MEMBERS.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION WITH ATTENDING BOARD OF TRUSTEES MEETING OF THE TRI-STATE JOINT FUND 09/26/2004-09/29/2004. HOTEL ROOM AND TAX, TRAVEL AND INCIDENTAL EXPENSES.

## 12.b. Amount.

- \$1,378

Name of Person Filing ROBERT BAYUSIK

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name N.E. TEAMSTERS &amp; TRUCKING INDUSTRY PEN. FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1 WALL STREET

City BOSTON

State Massachusetts ZIP Code + 4 01803

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

PROVIDE PENSION BENEFITS TO TEAMSTERS LOCAL UNION MEMBERS.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION WITH ATTENDING OF BOARD OF TRUSTEES MEETING HELD DURING THE MONTH OF MARCH 2004. HOTEL ROOM AND TAX AND INCIDENTAL EXPENSES.

## 12.b. Amount.

\$2,414

Name of Person Filing ROBERT BAYUSIK

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name N.E. TEAMSTERS &amp; TRUCKING INDUSTRY PEN. FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1 WALL STREET

City BOSTON

State Massachusetts ZIP Code + 4 01803

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State: ZIP Code + 4

## 11.a. Nature of such dealing.

PROVIDE PENSION BENEFITS TO TEAMSTERS LOCAL UNION MEMBERS.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION WITH ATTENDANCE OF BOARD OF TRUSTEES MEETING HELD DURING THE MONTH OF AUGUST 2004. HOTEL ROOM AND TAX AND INCIDENTAL EXPENSES.

## 12.b. Amount.

\$1,612

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>N.E. TEAMSTERS &amp; TRUCKING INDUSTRY PEN. FUND</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>1 WALL STREET</u></p> <p>City <u>BOSTON</u></p> <p>State <u>Massachusetts</u> ZIP Code + 4 <u>01803</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>PROVIDE PENSION BENEFITS TO TEAMSTER LOCAL UNION MEMBERS.</u></p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p><u>REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION WITH SERVICES AS TRUSTEE TO PENSION PLAN DURING THE MONTH OF MARCH 2004. INCIDENTAL EXPENSES.</u></p> <p>12.b. Amount. <span style="float: right;">\$1,500</span></p>

Name of Person Filing ROBERT BAYUSIK

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name N.E. TEAMSTERS &amp; TRUCKING INDUSTRY PEN. FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1 WALL STREET

City BOSTON

State Massachusetts ZIP Code + 4 01803

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

PROVIDE PENSION BENEFITS TO TEAMSTER LOCAL UNION MEMBERS.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION WITH SERVICES AS TRUSTEE TO PENSION PLAN DURING THE MONTH OF JUNE 2004. INCIDENTAL EXPENSES.

## 12.b. Amount.

\$161



## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name N.E. TEAMSTERS &amp; TRUCKING INDUSTRY PEN. FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 1 WALL STREET

City BOSTON

State Massachusetts ZIP Code + 4 01803

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street

City

State: ZIP Code + 4

## 11.a. Nature of such dealing.

PROVIDE PENSION BENEFITS TO TEAMSTER LOCAL UNION MEMBERS.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION WITH SERVICES AS TRUSTEE TO PENSION PLAN DURING THE MONTH OF NOVEMBER 2004. INCIDENTAL EXPENSES.

## 12.b. Amount.

\$597

Name of Person Filing ROBERT BAYUSIK

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name TRANSPORTATION LOCAL 443 HEALTH SER &amp; INS PL

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 200 WALLACE STREET

City NEW HAVEN

State Connecticut ZIP Code + 4 06605

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

PROVIDE HEALTH & WELFARE BENEFITS TO TEAMSTERS  
LOCAL UNION MEMBERS.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION  
WITH ATTENDING EDUCATIONAL SEMINAR RELATING TO  
EMPLOYEE BENEFITS PLANS. HOTEL ROOM AND TAX, TRAVEL  
AND INCIDENTAL EXPENSES. 3/14/2004-3/17/2004

## 12.b. Amount.

\$1,385

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name TRANSPORTATION LOCAL 443 HEALTH SER &amp; INS PL

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 200 WALLACE STREET

City NEW HAVEN

State Connecticut ZIP Code + 4 06605

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4:

## 11.a. Nature of such dealing.

PROVIDE HEALTH & WELFARE BENEFITS TO TEAMSTERS  
LOCAL UNION MEMBERS.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

REIMBURSEMENT OF BUSINESS EXPENSES INCURRED IN  
CONNECTION WITH TRUSTEES MEETING ON JULY 20, 2004.

## 12.b. Amount.

\$11

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name NEW ENGLAND TEAMSTERS FEDERAL CREDIT UNION

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 1498

Street 23 BROADWAY

City ARLINGTON

State Massachusetts ZIP Code + 4 02474-0072

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

TO PROVIDE LOANS AND INVESTMENTS TO MEMBERS THROUGH TEAMSTERS FEDERAL CREDIT UNION.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

REIMBURSEMENT OF MEAL EXPENSE FOR ATTENDANCE OF BOARD OF DIRECTORS MEETING ON 1/14/2004 BOSTON, MA.

## 12.b. Amount.

\$89

S. M. ESPOSITO & COMPANY, P.C.

Certified Public Accountants

1 BRADLEY ROAD, SUITE 401 • WOODBRIDGE, CONNECTICUT 06525 • (203) 387-7771 • FAX (203) 397-3701



November 7, 2005

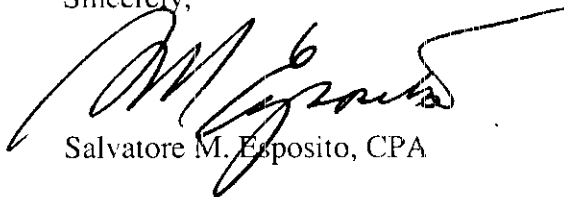
U.S. Department of Labor  
ESA / OLMS Room N-5616  
200 Constitution Avenue, N.W.  
Washington, DC 20210-0001

RE: Robert E. Bayusik  
Amended Form LM-30  
Year: 2004

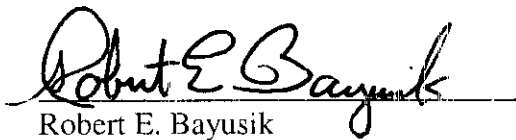
Dear Sir or Madam,

Enclosed please find amended Form LM-30 for 2004. The amendment is due to the inadvertent omission of reimbursed meals of \$89 paid by New England Teamsters Federal Credit Union. (See Page 12 of Form LM-30).

Sincerely,



Salvatore M. Esposito, CPA



Robert E. Bayusik